

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6	1					
7	1					
8	1	4				
9		4				
10		4				
11		4				
12		4				
13	11					
14	4					
15	4					
16	4					
17	4					
18	4					
19	4					
20	4					
21	4					
22	4					
23	4					
24	4					
25	4					
26	4					
27	4					
28	4					
29	2					
30	1					
31						
32	1					
33	1					
34	1					
35	1					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55	1					
56	1					
57						
58	4					
59	4					
60	4					
61	4					
62	4					
63	4					
64	4					
65	1					
66	1					
67						
68	4					
69	4					
70	4					
71	1					
72	1					
73	1					
74						
75						
76						
77						
78	1					
79	1					
80	1					
81	1					
82	2					
83	2					
84	3					
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		4				
27		4				
28		4				
29		2				
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
<b>TOTAL IND.</b>	<b>16</b>					
<b>TOTAL DEP.</b>	<b>163</b>					
<b>TOTAL CLAIMS</b>	<b>181</b>					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
53												
54												
55												
56												
57												
58			4									
59			4									
60			4									
61			4									
62			4									
63			4									
64			4									
65			4									
66			4									
67			4									
68			4									
69			4									
70			4									
71			4									
72			4									
73			4									
74			4									
75			4									
76			4									
77			4									
78			4									
79			4									
80			4									
81			4									
82			3									
83			3									
84			3									
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
<b>TOTAL IND.</b>												
<b>TOTAL DEP.</b>												
<b>TOTAL CLAIMS</b>												